

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1 ✓	10/26/64
2 ✓	10/26/64
3 ✓	10/26/64
4 ✓	10/26/64
5 ✓	10/26/64
6 ✓	10/26/64
7 ✓	10/26/64
8 ✓	10/26/64
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10 ✓	10/26/64
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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